

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09939574 FILING DATE

APPLICANT(S)

01/21/03 9/15 CLAIMS

| AS FILED     |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|------|------------------------|------|------------------------|------|
| IND.         | DEP. | IND.                   | DEP. | IND.                   | DEP. |
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| TOTAL IND.   | 9    | ↓                      | 10   | ↓                      | 2    |
| TOTAL DEP.   | 21   | -                      | 22   | -                      | 25   |
| TOTAL CLAIMS | 30   |                        | 32   |                        | 27   |

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| 100          |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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